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| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Mario                      |   |
|    | Write the name that is on   | First name                 | First name                                    |
| 1  | your government-issued  | D<br>Middle name           | Middle name                                   |
|    | picture identification (for example, your driver's                  | Walls                      | Wilder Hallo                                  |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last   | First name                 | First name                                    |
|    | 8 years Include your married or                                     | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social                               | XXX - XX0519               | xxx - xx-                                     |
|    | Security number or federal Individual                               | OR                         | OR  |
|    | Taxpayer<br>Identification number<br>(ITIN)                         | 9 xx - xx-                 | 9 xx - xx-                                    |

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| Debtor 1 Mario<br>First Name                                 | D<br>Middle Name  | Walls<br>Last Name         | Case number (if known)   |
|--|---|----------------------------|--|
|  | About Debtor 1:   |                            | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names and Employer                           | I have not used any business  | names or EINs.             | I have not used any business names or EINs.  |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name   |                            | Business name  |
| 8 years  | Business name   |                            | Business name  |
| Include trade names and doing business as names              | EIN   |                            | EIN  |
|  | EIN   |                            | EIN  |
| 5. Where you live  | 2209 W 54th Place   |                            | If Debtor 2 lives at a different address:  |
|  | Number Street   |                            | Number Street  |
|  | Chicago Illinois City State   | 60609<br>Zip Code          | City State Zip Code  |
|  | Cook  |                            |  |
|  | County  If your mailing address is diffe above, fill it in here. Note that the notices to you at this mailing address to you at this mailing address. | ne court will send any     | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|  | Number Street   |                            | Number Street  |
|  | City State  | Zip Code                   | City State Zip Code  |
| 6. Why you are choosing this district                        | Check one:  |                            | Check one:   |
| to file for bankruptcy                                       | Over the last 180 days before lived in this district longer than  |                            | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|  | I have another reason. Explain  | . (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |                            |  |
|  |   |                            |  |
|  |   |                            |  |
|  | _   |                            |  |
|  |   |                            |  |

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| Deb              | otor 1 Mario  | D   | Walls   |  | Case number (if kno   | wn)  |  |
|------------------|---|---|---|--|---|--|--|
|                  | First Name  | Middle Name   | Last Name   |  |   |  |  |
| Par              | Tell the Court Abo  | ut Your Bankruptcy C  | ase   |  |   |  |  |
|                  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | description of each, see No 0)). Also, go to the top of p   |  |   |  | dividuals Filing for   |
|                  | How you will pay the<br>fee   | more details about cashier's check, or may pay with a cre  I need to pay the findividuals to Pay  I request that my judge may, but is not the official poverty you choose this op | dit card or check with a price in installments. If yo Your Filing Fee in Install                          | cally, if you torney is one-printed unchoose aments (Control of the control of th | ou are paying the<br>submitting your<br>ed address.<br>this option, sig<br>official Form 103<br>this option only<br>d may do so onl<br>ze and you are u | e fee yourself, your payment on your nand attach the A).  If you are filing if your incominable to pay the | you may pay with cash, your behalf, your attorney the Application for a for Chapter 7. By law, a the is less than 150% of the fee in installments). If |
| ı                | Have you filed for bankruptcy within the ast 8 years?   | No.  Yes. District  District  District  | hern District of Illinois   | When When When   | 8/18/2015<br>MM / DD / YYYY<br>MM / DD / YYYY   | Case number Case number Case number  | 15-28175   |
| 1<br>3<br>1<br>1 | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District  |   | When<br>When   | MM / DD / YYYY  | Relationship to<br>Case number, if<br>Relationship to<br>Case number, if                                   | known  |
|                  | Do you rent your<br>residence?  | ✓ No. Go to   | ord obtained an eviction ju<br>o line 12.<br>ut <i>Initial Statement About an</i><br>oankruptcy petition. |  |   |  |  |

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D Walls Debtor 1 Mario \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 Mario
 D
 Walls
 Case number (if known)

 Last Name
 Last Name

| Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling                                |   |   |  |   |  |  |  |  |
|---|---|---|--|---|--|--|--|--|
|   | About Debtor 1:   |   | About Debtor 2 (Sp   | oouse Only in a Joint Case):  |  |  |  |  |
| 15. Tell the court  | You must check one:   |   | You must check one:  |   |  |  |  |  |
| whether you have received briefing about credit counseling.   | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, and I received a<br>mpletion.   | counseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, and I received a<br>appletion.  |  |  |  |  |
| The law requires that you receive a briefing  |   | the certificate and the payment plan, eveloped with the agency.   |  | the certificate and the payment plan, veloped with the agency.  |  |  |  |  |
| about credit counseling before you file for bankruptcy. You must truthfully                               | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>aptcy petition, but I do not have a<br>mpletion.  | counseling ager  | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.  |  |  |  |  |
| check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |   | ter you file this bankruptcy petition, copy of the certificate and payment  |  | er you file this bankruptcy petition, copy of the certificate and payment   |  |  |  |  |
| If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques                   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. |  | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                   |  |  |  |  |
| creditors can begin<br>collection activities<br>again.  | requirement, atta<br>efforts you made<br>unable to obtain i       | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this  | requirement, atta<br>efforts you made<br>unable to obtain i      | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this      |  |  |  |  |
|   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |  | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |  |  |  |  |
|   | receive a briefing<br>must file a certifica<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along a payment plan you developed, if any. so, your case may be dismissed.  | receive a briefing<br>must file a certific<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along a payment plan you developed, if any. o, your case may be dismissed. |  |  |  |  |
|   |   | the 30-day deadline is granted only imited to a maximum of 15 days.   |  | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |  |  |  |  |
|   | I am not require counseling beca                                  | d to receive a briefing about credit ause of:   | I am not require counseling beca                                 | d to receive a briefing about credit ause of:   |  |  |  |  |
|   | ☐ Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   | ☐ Incapacity.  | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |  |  |  |  |
|   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.  | Disability.  | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.        |  |  |  |  |
|   | Active duty.  | I am currently on active military duty in a military combat zone.   | Active duty.   | I am currently on active military duty in a military combat zone.   |  |  |  |  |
|   | about credit cour   | are not required to receive a briefing aseling, you must file a motion for ounseling with the court.  | about credit cour  | are not required to receive a briefing seling, you must file a motion for ounseling with the court.   |  |  |  |  |

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| Debtor 1 Mario First Name   |   | Walls Case   | e number (if known)  |   |
|---|---|--|--|---|
|   | estions for Reporting Purposes  |  |  |   |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily   | consumer debts? Consumer primarily for a personal, far business debts? Business nvestment or through the operations.   | ner debts are defined in 11 U.S.C. § mily, or household purpose."  debts are debts that you incurred to peration of the business or investmer debts or business debts. | o obtain  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that f  | -  | any exempt property is excluded and a<br>oute to unsecured creditors?  | administrative  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,00<br>More than 100  | 00  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$8  | 0 million  | 1-\$10 billion<br>01-\$50 billion                           |
| 20. How much do you estimate your liabilities to be?  |   | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$5  | 0 million  | 11-\$10 billion<br>101-\$50 billion                         |
| Part 7: Sign Below  |   |  |  |   |
| For you   | correct.  If I have chosen to file under Cl of title 11, United States Code. under Chapter 7.  If no attorney represents me an out this document, I have obtain I request relief in accordance we I understand making a false state connection with a bankruptcy of both. 18 U.S.C. §§ 152, 1341, | napter 7, I am aware that I m<br>I understand the relief avail<br>d I did not pay or agree to p<br>ned and read the notice requith the chapter of title 11, Unitement, concealing property<br>case can result in fines up to | nited States Code, specified in this<br>y, or obtaining money or property by<br>\$250,000, or imprisonment for up  | er 7, 11,12, or 13 ose to proceed to help me fill petition. |
|   | Signature of Debtor 1  Executed on7/20/2017   |  | Signature of Debtor 2  Executed on   |   |
|   | MM / DE   | O / YYYY   | MM / DD / YYYY   | <del>,</del>  |

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| Debtor 1 Mario                                   | D                         | Walls                    | Case number (if k           | nown)  |
|--|---------------------------|--------------------------|-----------------------------|--|
| First Name                                       | Middle Name               | Last Name                |                             |  |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12    | , or 13 of title 11, United | ave informed the debtor(s) about<br>I States Code, and have explained the<br>so certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | ired by 11 U.S.C. § 3    | 342(b) and, in a case in w  | hich § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte    | r an inquiry that the ir | nformation in the schedu    | les filed with the petition is incorrect.  |
| attorney, you do not                             |                           |                          |                             | ·  |
| need to file this page.                          | /s/ Elizabeth Placek      |                          | Date                        | 7/20/2017  |
|  | Signature of Attorney     |                          | M                           | M / DD / YYYY  |
|  |                           |                          |                             |  |
|  |                           |                          |                             |  |
|  | Elizabeth Placek          |                          |                             |  |
|  | Printed name              |                          |                             |  |
|  | Semrad Law Firm           |                          |                             |  |
|  | Firm name                 |                          |                             |  |
|  | 20 S. Clark Street        |                          |                             |  |
|  | Street                    |                          |                             |  |
|  | 28th Floor                |                          |                             |  |
|  |                           |                          |                             |  |
|  | Chicago                   |                          | Illinois                    | 60603  |
|  | City                      |                          | State                       | Zip Code   |
|  |                           |                          |                             |  |
|  | Contact phone             | 3124477838               | Email address               | eplacek@semradlaw.com  |
|  |                           |                          |                             |  |
|  |                           |                          | Illinois                    |  |
|  | Bar number                |                          | State                       |  |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Mario      | D           | Walls                |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |            |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |
| Case number                                     |            |             | (State)              |  |  |  |  |
| (If known)                                      |            |             | -                    |  |  |  |  |

| Check if | this    | is | an |
|----------|---------|----|----|
| amende   | d filir | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own |
|--|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                               |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <u>*</u>                             |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$3,010.00                           |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$3,010.00                           |
| Part 2: Summarize Your Liabilities   |                                      |
|  | Your liabilities<br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  | ·                                    |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$0.00                               |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | <del></del>                          |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$23,214.00                          |
| Your total liabilities   | \$23,214.00                          |
| Part 3: Summarize Your Income and Expenses   |                                      |
| Canada La Canada |                                      |
| 4. Schedule I: Your Income (Official Form 106I)  | \$1,534.68                           |
| Copy your combined monthly income from line 12 of Schedule I   | <del></del>                          |
| Copy your combined monthly income from line 12 of Schedule I   |                                      |

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D Walls Debtor 1 Mario \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$303.43 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this               | sinformation  | to identify your o  | ase:  |  |   |                             |   |  |
|----------------------------|---|---|---|--|---|-----------------------------|---|--|
| Debtor 1                   | Mario<br>First N  |   | D<br>Middle N   | la   | Walls   | _                           |   |  |
| Debtor 2<br>(Spouse, if f  |   |   |   |  | Last Name   | _                           |   |  |
|                            | - 111501  | tcy Court for the:  | Middle N<br>Northern  | iame   | Last Name District of Illinois  |                             |   |  |
| Case nun                   | mber  |   |   |  | (State)   | _                           |   |  |
| (If known)                 | al Form   | 106A/B  |   |  |   |                             |   | Check if this is an  |
|                            |   | <u>100А/Б</u><br>/В: Prope  | rtv   |  |   |                             |   | amended filing   |
| In each category responsib | ategory, sep<br>where you tl<br>le for supply<br>r name and o | arately list and on the control of the correct information or the correct information (if I | describe items. Li<br>Be as complete a<br>mation. If more s<br>(nown). Answer e | nd acc<br>pace is<br>very qu                         | sset only once. If an asset fits<br>urate as possible. If two marri<br>s needed, attach a separate sh<br>lestion.<br>Other Real Estate You Ow | ed people a<br>leet to this | re filing together, both a<br>form. On the top of any a                 | are equally  |
| 1. Do yo                   | No. Go to F   | Part 2  | quitable interest i   | in any r   | residence, building, land, or si  | milar prope                 | ty?   |  |
| 1.1                        |   | is the property?  | other description   | Si Di Ci   | is the property? Check all that ngle-family home uplex or multi-unit building ondominium or cooperative anufactured or mobile home            | apply.                      | the amount of any secu  | claims or exemptions. Put<br>ared claims on Schedule D:<br>aims Secured by Property.<br>Current value of the<br>portion you own? |
|                            | Number<br>City  | Street  | Zip Code  | ln<br>Ti   | and<br>vestment property<br>meshare<br>ther   | -                           | Describe the nature of interest (such as fee the entireties, or a life  | simple, tenancy by   |
|                            |   |   |   | one.   | has an interest in the property ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and an                         |                             | Check if this is co<br>(see instructions)                               | ommunity property  |
| If you                     | ı own or have   | more than one, I  | ist here:   | prope  | r information you wish to add a rty identification number:  |                             |   | eleine en en en en eleine De d   |
| 1.2                        | Street addre  | ess, if available, or   | other description   | Si<br>Di<br>Ci                                       | is the property? Check all that ngle-family home uplex or multi-unit building ondominium or cooperative anufactured or mobile home            | арріу.                      | the amount of any secu  | claims or exemptions. Put tred claims on Schedule D: nims Secured by Property.  Current value of the portion you own?            |
|                            | Number  | Street  | Zip Code  | In   | and<br>vestment property<br>meshare<br>ther   | _                           | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by   |
|                            | <i></i> ,   | Sidio   | _,p 5546  | Who I one.  Do D | ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only t least one of the debtors and an   | other                       | (see instructions)  | ommunity property  |

property identification number:

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| Debtor 1                       | Mario<br>First Name  | D<br>Middle Name                           | Walls<br>Last Name   | Case number  | (if known)   |   |
|--------------------------------|--|--|--|--------------|--|---|
| 1.3 Street                     | et address, if available, or othe  |  | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | apply.       | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own? |
| Nun<br>City                    | nber Street<br>State   | Zip Code                                   | Land Investment property Timeshare Other   |              | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by   |
|                                |  | ]<br>]<br>]<br>[                           | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an                | other        | Check if this is co (see instructions)                                   | mmunity property  |
|                                | the dollar value of the port<br>ve attached for Part 1. Writ             | p<br>ion you own for a<br>e that number he | property identification number:<br>all of your entries from Part 1, incl<br>ere.   |              |  |   |
| <b>Do you ow</b><br>you own th |  | quitable interest<br>ou lease a vehicle, a | in any vehicles, whether they are also report it on Schedule G: Executo cycles   | -            | -  |   |
| ☐ No<br>✓ Yes                  |  |  |  |              |  |   |
| 3.1                            | Make Model:  | Pontiac Bonneville SE                      | Who has an interest in the proone.  Debtor 1 only  | perty? Check | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                                     |
|                                | Year: Approximate mileage: Other information: 1997 Pontiac Bonneville SE | 1997<br>127000                             | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar  Check if this is community instructions)                            |              | Current value of the entire property?<br>\$1300.00                       | Current value of the portion you own?<br>\$1300.00  |
| 3.2                            | Make<br>Model:<br>Year:  |  | Who has an interest in the proone.  Debtor 1 only  | perty? Check | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                                     |
|                                | Approximate mileage: Other information:                                  |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)                             |              | Current value of the entire property?                                    | Current value of the portion you own?   |

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| otor 1            | Mario<br>First Name                                       | D<br>Middle Name | Walls  Last Name  | Case number  | er (if known)                                |  |
|-------------------|---|------------------|---|--|--|--|
| 3.3               | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communing instructions) | nly<br>s and another                                   | the amount of any secu                       | claims or exemptions. Put<br>ired claims on <i>Schedule D</i><br>aims Secured by Property.  Current value of the<br>portion you own? |
| 3.4               | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communication.          | nly<br>s and another                                   | the amount of any secu                       | claims or exemptions. Put<br>ired claims on <i>Schedule D</i><br>aims Secured by Property.  Current value of the<br>portion you own? |
|                   |   |                  | instructions)   |  |  |  |
|                   | mples: Boats, trailers, motor<br>No<br>Yes                | •                | instructions)  er recreational vehicles, other fishing vessels, snowmobiles, Who has an interest in the one.  | motorcycle accessori                                   | Do not deduct secured                        | claims or exemptions. Put<br>ired claims on <i>Schedule D</i>  |
| Example Example 1 | mples: Boats, trailers, motor<br>No<br>Yes<br>Make        | •                | er recreational vehicles, other<br>, fishing vessels, snowmobiles,<br>Who has an interest in the  | motorcycle accessori property? Check hly s and another | Do not deduct secured the amount of any secu | · · · · · · · · · · · · · · · · · · ·  |

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Walls Debtor 1 Mario D Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$900.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used Electronics - 1 TV's, 1 Cell Phone \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1700.00 for Part 3. Write that number here .....

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D Walls Debtor 1 Mario Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$5.00 17.1. Checking account: TCF 17.2. Checking account: 17.3. Savings account: TCF Bank \$5.00 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: Green Dot \$0.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Dep. | tor 1 Mario  | D<br>Middle Nove   | Walls                     | Case number (if known)                        |          |
|------|--|--|---------------------------|---|----------|
|      | First Name   | Middle Name  | Last Name                 |   |          |
| 20.  | Negotiable instruments i                           | orate bonds and other negotial<br>include personal checks, cashiers'<br>ents are those you cannot transfer | checks, promissory n      | otes, and money orders.                       |          |
|      | ✓ No   | ·  |                           |   |          |
|      | Yes. Give specific information about them          | Issuer name:   |                           |   |          |
|      |  |  |                           |   |          |
|      |  |  |                           |   |          |
|      |  | -  |                           |   |          |
| 21.  | Retirement or pension<br>Examples: Interests in IF |  | , thrift savings accoun   | its, or other pension or profit-sharing plans |          |
|      | <b>✓</b> No  | Type of accounts   | Institution name          |   |          |
|      | Yes. List each                                     | Type of account:   | Institution name:         |   |          |
|      | account separately.                                | 401(k) or similar plan:  |                           |   | _        |
|      |  | Pension plan:  |                           |   |          |
|      |  | IRA:   |                           |   |          |
|      |  | Retirement account:  |                           |   | -        |
|      |  | Keogh:   |                           |   | -        |
|      |  | Additional account:  |                           |   |          |
|      |  | Additional account:  |                           |   | -        |
| 22.  |  | prepayments I deposits you have made so that with landlords, prepaid rent, public                          |                           |   | -        |
|      | Yes  | Electric:  |                           |   |          |
|      | _  | Gas:   |                           |   |          |
|      |  | Heating oil:   |                           |   | <u>-</u> |
|      |  | Security deposit on rental unit:   |                           |   |          |
|      |  | Prepaid rent:  |                           |   |          |
|      |  | Telephone:   |                           |   |          |
|      |  | Water:   |                           |   | _        |
|      |  | Rented furniture:  |                           |   |          |
|      |  | Other:   |                           |   |          |
| 23.  | Annuities (A contract fo                           | r a periodic payment of money to   | you, either for life or f | or a number of years)                         | _        |
|      | <b>✓</b> No  |  |                           |   |          |
|      | Yes  | Issuer name and description:   |                           |   |          |
|      |  |  |                           |   | _        |
|      |  |  |                           |   | _        |
|      |  |  |                           |   |          |
|      |  |  |                           |   |          |

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| Debt | or 1 Mario   | D Walls Case number (if known)   |  |
|------|--|--|--|
| 0.4  | First Name   | Middle Name Last Name  |  |
| 24.  |  | an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition prog 530(b)(1), 529A(b), and 529(b)(1).  | am.  |
|      | ✓ No<br>Yes  | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):   |  |
|      |  |  |  |
|      |  |  | _  |
| 25.  |  | able or future interests in property (other than anything listed in line 1), and rights or powers for your benefit   |  |
|      | ✓ No  Yes. Desc  | cribe  |  |
| 26.  | -  | byrights, trademarks, trade secrets, and other intellectual property ternet domain names, websites, proceeds from royalties and licensing agreements   |  |
|      | ✓ No<br>Yes. Desc  | cribe  |  |
|      |  |  |  |
| 27.  |  | anchises, and other general intangibles uilding permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  |  |
|      | <b>✓</b> No  |  |  |
|      | Yes. Desc  | cribe  |  |
|      |  |  |  |
|      |  |  |  |
| Mor  | ney or propei  | rty owed to you?   | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |
|      | ney or propei  |  | portion you own? Do not deduct secured   |
|      |  | owed to you  | portion you own?  Do not deduct secured claims or exemptions.  |
|      | Tax refunds of No Yes. Give s  | specific information Federal:  | portion you own? Do not deduct secured   |
|      | Tax refunds or  No Yes. Give sabout you a  | specific information ut them, including whether already filed the returns  Federal: State:   | portion you own?  Do not deduct secured claims or exemptions.  |
| 28.  | Tax refunds or  No Yes. Give sabout you a and to   | specific information ut them, including whether already filed the returns the tax years  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds or  No Yes. Give about your and to   | specific information ut them, including whether already filed the returns the tax years  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past  | specific information ut them, including whether already filed the returns the tax years  Local:  Int st due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement.   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past  | specific information ut them, including whether already filed the returns the tax years  Local:  rt et due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settle   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past  | specific information ut them, including whether already filed the returns the tax years  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past  | specific information ut them, including whether already filed the returns the tax years  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  ment  \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds or  No Yes. Give sabout you a and fi  Family support Examples: Past  | specific information ut them, including whether already filed the returns the tax years  Int st due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settle specific information  Alimony: Maintenance: Support: | ## square   ## squ |
| 28.  | Tax refunds or  No Yes. Give s about you a and to  Family suppor Examples: Past No Yes. Give s  Other amount Examples: Unp     | specific information ut them, including whether already filed the returns the tax years  | ## square   ## squ |
| 28.  | Tax refunds or  No Yes. Give s about you a and to  Family suppor Examples: Past No Yes. Give s  Other amount Examples: Unp     | specific information ut them, including whether already filed the returns the tax years  | ## square   ## squ |
| 28.  | Tax refunds or  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc | specific information ut them, including whether already filed the returns the tax years  | ## square   ## squ |

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| Deb  | tor 1 Mario   | D                              | Walls   | Case number (if known)                          |  |
|------|---|--------------------------------|---|---|--|
|      | First Name  | Middle Name                    | Last Name   |   | _  |
| 31.  | Interests in insurance po<br>Examples: Health, disability                         |                                | avings account (HSA); credit,                             | homeowner's, or renter's insurance              |  |
|      | No Yes. Name the insurar of each policy and list                                  | ice company                    | mpany name:   | Beneficiary:                                    | Surrender or refund value:                 |
| 32.  | Any interest in property If you are the beneficiary o property because someone No | f a living trust, expect proce |   | icy, or are currently entitled to receive       |  |
|      | Yes. Describe   |                                |   |   |  |
| 33.  | Claims against third part<br>Examples: Accidents, emp                             |                                | nave filed a lawsuit or mad<br>e claims, or rights to sue | e a demand for payment                          |  |
|      | No Yes. Describe  |                                |   |   |  |
| 34.  | Other contingent and un   | liquidated claims of ever      | y nature, including counte                                | rclaims of the debtor and rights                |  |
|      | No Yes. Describe  |                                |   |   |  |
| 35.  | Any financial assets you  | did not already list           |   |   |  |
|      | ✓ No Yes. Describe  |                                |   |   |  |
| 36.  |   | -                              | rt 4, including any entries                               | for pages you have attached                     | \$10.00                                    |
| 5    | Describe Amy Bue  | inaca Dalatad Dranav           | h. Vou Our or Hove on                                     | Interest In. List any real estate in Pa         | 44   |
| Part |   |                                |   |   | · · ·                                      |
| 37.  | No. Go to Part 6.   | legal or equitable intere      | st in any business-related p                              |   | Current value of the portion you own?      |
|      | Yes. Go to line 38.   |                                |   |   | Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable or o  | commissions you already        | earned  |   |  |
|      | Yes. Describe   |                                |   |   |  |
| 39.  | Office equipment, furnist<br>Examples: Business-related                           |                                | dems, printers, copiers, fax r                            | nachines, rugs, telephones, desks, chairs, elec | etronic devices                            |
|      | ✓ No  Yes. Describe   |                                |   |   |  |
|      |   |                                |   |   |  |

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| Deb   | tor 1 Mario                         | D                                      | Walls                       | Case number (if known)              |  |
|-------|-------------------------------------|--|-----------------------------|-------------------------------------|--|
| 10    | First Name                          | Middle Name                            | Last Name                   | arring time also                    |  |
| 40.   |                                     | equipment, supplies you use i          | in business, and tools of y | our trade                           |  |
|       | No No Describe                      |  |                             |                                     |  |
|       | Yes. Describe                       |  |                             |                                     |  |
|       |                                     |  |                             |                                     |  |
| 41.   | Inventory                           |  |                             |                                     |  |
|       | <b>✓</b> No                         |  |                             |                                     |  |
|       | Yes. Describe                       |  |                             |                                     |  |
|       |                                     |  |                             |                                     |  |
| 42.   | Interests in partnersh              | nips or joint ventures                 |                             |                                     |  |
|       | ✓ No                                |  |                             |                                     |  |
|       | Yes. Give specific                  | Nam                                    | ne of entity:               | % of ownership:                     |  |
|       | information about                   |  |                             |                                     | <u> </u>                                       |
|       | them                                |  |                             |                                     |  |
|       |                                     |  |                             |                                     | ,  |
| 43. ( | Customer lists, mailing             | lists, or other compilations           |                             |                                     | <u> </u>                                       |
|       | — N.                                | ,,                                     |                             |                                     |  |
|       |                                     | nclude personally identifiable in      | formation (as defined in 11 | U.S.C. § 101(41A))?                 |  |
|       | _                                   | , , , , , , , , , , , , , , , , , , ,  | (1111)                      |                                     |  |
|       | □ No                                |  |                             |                                     |  |
|       | Yes. Desc                           | MDE                                    |                             |                                     |  |
| 44.   | Any business-related                | property you did not already           | list                        |                                     |  |
|       | <b>✓</b> No                         |  |                             |                                     |  |
|       | Yes. Give specific                  |  |                             |                                     |  |
|       | information                         |  |                             |                                     | <del>_</del>                                   |
|       |                                     |  |                             |                                     |  |
|       |                                     |  |                             |                                     |  |
|       |                                     |  |                             |                                     | <u> </u>                                       |
|       |                                     |  |                             |                                     | <del></del>                                    |
|       |                                     |  |                             |                                     | <u> </u>                                       |
| 45 A  | dd the dollar value of              | all of your entries from Part 5        | including any entries for   | r nages you have attached           |  |
|       |                                     | er here                                |                             | pages you have attached             |  |
|       | Describe Any F                      | arm- and Commercial Fi                 | shing-Related Propert       | y You Own or Have an Interest In.   |  |
| Part  |                                     | n interest in farmland, list it in Par |                             | y rod own or ridge air interest in: |  |
| 46.   | Do you own or have a                | ny legal or equitable interes          | t in any farm- or commerc   | cial fishing-related property?      |  |
|       | No. Go to Part 7.                   |  |                             |                                     | Current value of the                           |
|       | Yes. Go to line 47                  |  |                             |                                     | portion you own?  Do not deduct secured claims |
|       |                                     |  |                             |                                     | or exemptions                                  |
| 47.   | Farm animals Examples: Livestock, p | oultry farm-raised fish                |                             |                                     |  |
|       |                                     | ounty, taitii-taiseu IISII             |                             |                                     |  |
|       | No Noscribo                         |  |                             |                                     |  |
|       | Yes. Describe                       |  |                             |                                     |  |
|       |                                     | <u> </u>                               |                             |                                     |  |

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| Debto          |          | Mario<br>First Name            | D<br>Middle Name  | Walls<br>Last Name   | Cas             | e number (if known)          |             |
|----------------|----------|--------------------------------|---|----------------------|-----------------|------------------------------|-------------|
| 48.            | Cro      | ps-either growing              | or harvested  |                      |                 |                              |             |
|                | <b>✓</b> | No<br>Yes. Describe            |   |                      |                 |                              |             |
| 49.            | Far      | m and fishing equi             | pment, implements, machinery, fix                                 | xtures, and tools of | f trade         |                              |             |
|                | <b>✓</b> | No                             |   |                      |                 |                              |             |
|                |          | Yes. Describe                  |   |                      |                 |                              |             |
| 50.            | Far      | m and fishing supp             | lies, chemicals, and feed   |                      |                 |                              |             |
|                | <b>✓</b> | No                             |   |                      |                 |                              |             |
|                |          | Yes. Describe                  |   |                      |                 |                              |             |
| 51.            | Any      | / farm- and comme              | rcial fishing-related property you                                | did not already list | :               |                              |             |
|                |          | No                             |   | ·                    |                 |                              |             |
|                |          | Yes. Describe                  |   |                      |                 |                              |             |
|                | -        |                                |   |                      |                 |                              |             |
|                |          |                                | II of your entries from Part 6, inclur here                       |                      | or pages you ha | ave attached                 |             |
|                |          |                                |   |                      |                 | L                            |             |
|                |          |                                |   |                      |                 |                              |             |
| Part 7         |          |                                | perty You Own or Have an In                                       |                      | u Did Not Lis   | t Above                      |             |
|                |          |                                | perty of any kind you did not alrea<br>s, country club membership | idy list?            |                 |                              |             |
|                | <b>✓</b> | No                             |   |                      |                 |                              |             |
|                |          | Yes. Give specific information |   |                      |                 |                              |             |
|                |          | momation                       |   |                      |                 |                              |             |
|                |          |                                |   |                      |                 |                              |             |
| 54. Ac         | ld th    | ne dollar value of a           | II of your entries from Part 7. Write                             | e that number here   | ·               |                              | <u> </u>    |
|                |          |                                |   |                      |                 |                              |             |
|                |          |                                |   |                      |                 |                              |             |
|                |          |                                |   |                      |                 |                              |             |
| Part 8         | ):<br>:  | List the Totals o              | f Each Part of this Form  |                      |                 |                              |             |
| 55. <b>P</b>   | art      | 1: Total real estate           | e, line 2   |                      |                 | <b>&gt;</b>                  |             |
| 56. <b>p</b>   | art :    | 2 total vehicles, lir          | ne 5  | \$1300.00            |                 |                              |             |
| 57. <b>P</b> a | art 3    | 3: Total personal a            | nd household items, line 15                                       | \$1700.00            |                 |                              |             |
| 58. <b>P</b> a | art 4    | l: Total financial a           | ssets, line 36  | \$10.00              |                 |                              |             |
| 59. <b>P</b>   | art      | 5: Total business-r            | elated property, line 45  |                      |                 |                              |             |
| 60. <b>P</b>   | art      | 6: Total farm- and             | fishing-related property, line 52                                 |                      |                 |                              |             |
| 61. <b>P</b>   | art      | 7: Total other prop            | erty not listed, line 54  | _                    |                 |                              |             |
| 62. <b>T</b>   | otal     | personal property              | . Add lines 56 through 61   | *3010.00             |                 | Copy paragral property total | + \$3010.00 |
|                |          |                                |   |                      |                 | Copy personal property total |             |
| 63. <b>T</b> c | otal     | of all property on S           | Schedule A/B. Add line 55 + line 62.                              |                      |                 |                              | \$3010.00   |

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| Fill in this infor        | mation to identify your ca | ase:        |                              |  |
|---------------------------|----------------------------|-------------|------------------------------|--|
| Debtor 1                  | Mario                      | D           | Walls                        |  |
|                           | First Name                 | Middle Name | Last Name                    |  |
| Debtor 2                  |                            |             |                              |  |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name                    |  |
| United States E           | Bankruptcy Court for the:  | Northern    | District of Illinois (State) |  |
| Case number<br>(If known) |                            |             | (State)                      |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair   | m as Exempt                                |   |   |
|----|---|--|---|---|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev                    | ven if your spouse is filing with you.  |   |
|    | You are claiming state and federal  | nonbankruptcy exemp                        | otions. 11 U.S.C. § 522(b)(3)   |   |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(                    | 2)  |   |
| 2. | For any property you list on Schedule A   | I/B that you claim as e                    | exempt, fill in the information below.  |   |
|    | Brief description of the property and line on Schedule A/B that lists this property   | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |
|    |   | Schedule A/B                               |   |   |
|    | Brief description: Pontiac Bonneville SE, 1997, 1997 Pontiac                          | \$1,300.00                                 | \$1,300.00; \$0.00  100% of fair market value, up to any  | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
|    | Bonneville SE Line from Schedule A/B: 03  |  | applicable statutory limit  |   |
|    | Brief description: Checking account, TCF Line from Schedule A/B: 17                   | \$5.00                                     | \$5.00  100% of fair market value, up to any applicable statutory limit                             | 735 ILCS 5/12-1001(b)                           |
| 3. | Are you claiming a homestead exempting (Subject to adjustment on 4/01/19 and every No | ery 3 years after that for                 | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |   |

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Walls Debtor 1 Mario D Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$5.00 description: **✓** \$5.00 Savings account, TCF 100% of fair market value, up to any Bank applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(b) Brief \$0.00 description: **V** \$0 Other financial account, 100% of fair market value, up to any **Green Dot** applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief description: \$900.00 **✓** \$900.00 **Used Furniture** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 06 735 ILCS 5/12-1001(a) Brief \$300.00 description: \$300.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$500.00 description: **✓** \$500.00 **Used Electronics - 1** 

100% of fair market value, up to any

applicable statutory limit

TV's, 1 Cell Phone

Line from Schedule A/B:

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|                           |                                  |                               | 9   | _  |                              |                                    |
|---------------------------|----------------------------------|-------------------------------|---|--|------------------------------|------------------------------------|
| Fill in this info         | ormation to identify your ca     | ase:                          |   |  |                              |                                    |
| Debtor 1                  | Mario                            | D                             | Walls   |  |                              |                                    |
|                           | First Name                       | Middle Name                   | Last Name   |  |                              |                                    |
| Debtor 2                  |                                  |                               |   |  |                              |                                    |
| (Spouse, if filing)       | First Name                       | Middle Name                   | Last Name   |  |                              |                                    |
| United States             | Bankruptcy Court for the:        | Northern                      | District of Illinois  |  |                              |                                    |
|                           |                                  |                               | (State)   |  |                              |                                    |
| Case number<br>(If known) | r                                |                               |   |  |                              |                                    |
| Official                  | Form 106D                        |                               |   | J  |                              | Check if this is an amended filing |
| Sched                     | ule D: Credit                    | ors Who Hav                   | ve Claims Secure  | ed by Prop                                   | erty                         | 12/15                              |
| more space i              |                                  |                               | e are filing together, both are equals<br>ber the entries, and attach it to t                                       |  |                              |                                    |
| 1. Do any                 | creditors have claims s          | secured by your propert       | y?  |  |                              |                                    |
| ✓ No.                     | . Check this box and subr        | mit this form to the court v  | vith your other schedules. You hav  | e nothing else to repo                       | ort on this form.            |                                    |
| Yes                       | s. Fill in all of the informatio | n below.                      |   |  |                              |                                    |
| Part 1: Lis               | t All Secured Claims             |                               |   |  |                              |                                    |
| for each                  |                                  | ditor has a particular claim, | ed claim, list the creditor separately list the other creditors in Part 2. As $\mathfrak g$ to the creditor's name. | Column A  Amount of claim  Do not deduct the | Column B Value of collateral | Column C Unsecured portion         |

this claim

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| Fill i                 | n this infori  | mation to identify your c  | ase:  |  |   |   |
|------------------------|--|--|---|--|---|---|
| Deb                    | tor 1  | Mario  | D   | Walls  |   |   |
|                        |  | First Name   | Middle Name   | Last Name  |   |   |
| Deb                    |  | -  |   |  |   |   |
| (Spo                   | use, if filing)  | First Name   | Middle Name   | Last Name  |   |   |
| Unit                   | ed States B  | ankruptcy Court for the:   | Northern  | District of Illinois   |   |   |
|                        |  | . ,  |   | (State)  |   |   |
| Case<br>(If knd        | e number   |  |   |  |   |   |
| <u> </u>               |  |  |   |  |   | Check if this is an amended filing  |
| Off                    | icial F  | orm 106E/F   |   |  |   | Check if this is an amended him   |
| 20                     | hodi   | ILO E/E: Cro   | ditore Who  | Have Hace  | cured Claims  |   |
| <u> </u>               | neut   | ile E/F. Cre   | cultors willo   | nave onse  | cured Claims  | 12/1  |
| other<br>Form<br>clain | r party to a<br>106A/B) a<br>ns that are<br>entries in t | any executory contracts<br>and on Schedule G: Exe<br>listed in Schedule D: C | s or unexpired leases that<br>cutory Contracts and Ur<br>Creditors Who Hold Claim | nt could result in a clain<br>nexpired Leases (Official<br>ns Secured by Property. | <ul> <li>Also list executory contracts</li> <li>Form 106G). Do not include an</li> <li>If more space is needed, copy t</li> </ul> | n NONPRIORITY claims. List the<br>on Schedule A/B: Property (Official<br>ly creditors with partially secured<br>he Part you need, fill it out, number<br>rite your name and case number (if |
| Par                    | List   | All of Your PRIORIT  | Y Unsecured Claims  |  |   |   |
| 1.                     | Do any cr  | editors have priority ur   | secured claims against  | you?   |   |   |
|                        | No. 0  | Go to Part 2.  |   |  |   |   |
|                        | Yes.   |  |   |  |   |   |
| 2.                     | listed, ider<br>As much a                                | ntify what type of claim it<br>as possible, list the claims                  | is. If a claim has both prior   | rity and nonpriority amour rding to the creditor's nan                             | nts, list that claim here and show be ne. If you have more than two price   | arately for each claim. For each claim oth priority and nonpriority amounts. ority unsecured claims, fill out the   |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

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Walls Debtor 1 Mario D Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 CDA/PONTIAC \$2,152.00 Last 4 digits of account number Nonpriority Creditor's Name 415 E MAIN When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated STREATOR 61364 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **✓** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? Yes City of Chicago - Parking and red Light Tickets \$10,500.00 Last 4 digits of account number Nonpriority Creditor's Name Department of Revenue - PO Box 88292 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60680 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Tickets Is the claim subject to offset? **✓** No Yes 4.3 Cook County Hospital \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 25706 Network Place Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60673 Chicago Illinois City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Medical // NOTICE ONLY Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

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D Walls Debtor 1 Mario Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Creditors Discount & Audit Co. \$2,989.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 415 E Main St Number As of the date you file, the claim is: Check all that apply. po box 213 Contingent Unliquidated 61364 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes IL Tollway \$500.00 4.5 Last 4 digits of account number \_ Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Downers Grove Illinois 60515 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes **OPTIMUM OUTCOMES INC** 4.6 \$76.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2651 WARRENVILLE RD STE n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **DOWNERS GROVE** 60515 Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

✓ No ☐ Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify \_\_\_\_

Unsecured

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D Walls Debtor 1 Mario Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Peoples Gas \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 200 E. Randolph Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes \$200.00 4.8 Sprint Last 4 digits of account number \_ Nonpriority Creditor's Name P.O. Box 219554 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Kansas City Missouri 64121 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes State Farm Insurance \$6,296.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1 State Farm Plaza n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 61710 Bloomington Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify \_\_\_\_

14 M1 010717

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| Debtor 1             | Mario<br>First Nam | e  | D<br>Middle Name                            | Walls<br>Last Name                                 | Case number (if known)   |       |
|----------------------|--------------------|--|---|--|--|-------|
| Part 3:              | List Otl           | ners to Be Notified  | About a Debt Tha                            | at You Already Listed                              |  |       |
| coll<br>coll<br>cred | ection a           | gency is trying to colle<br>gency here. Similarly,<br>re. If you do not have a | ect from you for a d<br>if you have more th | lebt you owe to someon<br>nan one creditor for any | or a debt that you already listed in Parts 1 or 2. For example, a else, list the original creditor in Parts 1 or 2, then list the of the debts that you listed in Parts 1 or 2, list the additiona bts in Parts 1 or 2, do not fill out or submit this page. |       |
| Nam                  |                    | FLLO   |   | On which entry                                     | in Part 1 or Part 2 did you list the original creditor?  |       |
| 860                  |                    | POINT BLVD   |   | Line 4.9   | of (Check Part 1: Creditors with Priority Unsecured C  | laims |
| Nur                  | mber               | Street   |   |  | one):  Part 2: Creditors with Nonpriority Unsecur Claims   | ed    |
| Wai                  | ukegan             | Illinois   | 60085                                       | Last 4 digits of                                   | account number   |       |
| City                 | /                  | State  | Zip Code                                    |  |  |       |

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Walls Case number (if known) D Debtor 1 Mario

| FIRST Na                    | me Middle Name Last Name  |         |                      |        |
|-----------------------------|---|---------|----------------------|--------|
| Part 4: Add t               | ne Amounts for Each Type of Unsecured Claim   |         |                      |        |
|                             | amounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for s | tatistical reporting | purpos |
|                             |   |         | Total claims         |        |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |        |
|                             | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |        |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |        |
|                             | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |        |
|                             | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00               |        |
|                             | ve. Total. Add lines va tillough vd.  | oe.     |                      |        |
|                             |   |         | Total claims         |        |
| Total claims from Part 2    | 6f. Student loans   | 6f.     | \$0.00               |        |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.     | \$0.00               |        |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.     | \$0.00               |        |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                                | 6i.     | \$23,214.00          |        |
|                             | 6i Total Add lines 6f through 6i  | 6i      | \$23,214.00          |        |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Mario      | D           | Walls                        |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |            |             | (=-3.0)                      |  |  |  |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this infor              | mation to identify your  | case:                          |                                 |   |
|---------------------------------|--------------------------|--------------------------------|---------------------------------|---|
| Debtor 1                        | Mario                    | D                              | Walls                           |   |
|                                 | First Name               | Middle Name                    | Last Name                       |   |
| Debtor 2<br>(Spouse, if filing) | First Name               | Middle Name                    | Last Name                       |   |
| United States F                 | Bankruptcy Court for the | e: Northern                    | District of Illinois            |   |
|                                 | Jama aptoy Court to: un  | <u></u>                        | (State)                         |   |
| Case number (If known)          |                          |                                |                                 |   |
|                                 |                          |                                |                                 | Check if this is an   |
| Otticial                        | Corpo 106U               |                                |                                 | amended filing  |
| Oniciai                         | Form 106H                | <u>.</u>                       |                                 |   |
| Schedul                         | e H: Your Co             | debtors                        |                                 | 12/15   |
| No Yes  2. Within the Idaho, Lo | e last 8 years, have yo  |                                |                                 | odebtor.)  Community property states and territories include Arizona, California,                                   |
|                                 |                          | ner spouse, or legal equiva    | alent live with you at the time | e?  |
|                                 | No                       | , ,                            | ,                               |   |
|                                 | Yes. In which commu      | nity state or territory did yo | u live?                         | Fill in the name and current address of that person.  |
|                                 | -                        |                                |                                 | <u></u>   |
|                                 | Name of your spouse      | , former spouse, or legal equ  | ivalent                         |   |
|                                 | Number Street            |                                |                                 | <del>_</del>  |
|                                 | City                     | State                          | Zip Code                        | <del>_</del>  |
|                                 |                          |                                |                                 | our spouse is filing with you. List the person shown in line 2  |
| _                               | -                        |                                | -                               | ve listed the creditor on Schedule D (Official Form 106D), ule D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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|                     |   |   |                   | 3               |                  |                                   |                          |
|---------------------|---|---|-------------------|-----------------|------------------|-----------------------------------|--------------------------|
| Fill in th          | is information to identify  | your case:  |                   |                 |                  |                                   |                          |
| Debtor 1            | Mario   | D   | Walls             |                 |                  |                                   |                          |
|                     | First Name  | Middle Name   | Last Na           | me              | Che              | eck if this is:                   |                          |
| Debtor 2            | f filing) First Name  | Middle Name   | Last Na           | mo              | - I n            | An amended filing                 |                          |
|                     |   |   |                   |                 |                  | A supplement showing p            | oost-petition chapter 13 |
| United States       | tates Bankruptcy Court for  | Northern  | District of Illin | ate)            |                  | expenses as of the follo          |                          |
| Case nur            | mber  |   | (00               |                 | _                |                                   |                          |
| (If known)          |   |   |                   |                 |                  | MM / DD / YYYY                    |                          |
| Offici              | al Form 106I  |   |                   |                 |                  |                                   |                          |
| Sche                | dule I: Your In   | come  |                   |                 |                  |                                   | 12/15                    |
| informat<br>spouse. | ble for supplying correction about your spouse. If more space is needed (if known). Answer ever  Describe Employmen | f you are separated an<br>I, attach a separate she<br>y question. | d your spous      | e is not filing | with you, do     | not include informat              | ion about your           |
| 1. Fill i           | n your employment   |   | Debtor 1          |                 |                  | Debtor 2                          |                          |
|                     | mation.   |   |                   |                 |                  |                                   |                          |
| _                   | u have more than one job,   | Employment status   | <b>✓</b> Employ   |                 |                  | Employed                          |                          |
|                     | h a separate page with<br>mation about additional   |   | Not Em            | ployed          |                  | Not Employed                      |                          |
| empl                | loyers.   | Occupation  | Bagger            |                 |                  | _                                 |                          |
|                     | de part time, seasonal, or<br>employed work.  | Employer's name   | Fairplay Foo      | ods             |                  |                                   |                          |
| Occi                | pation may include student  | Employer's address  | 8701 S Cicero     |                 |                  | _                                 |                          |
|                     | omemaker, if it applies.  |   | Number Stre       | et              |                  | Number Street                     |                          |
|                     |   |   |                   |                 |                  | _                                 |                          |
|                     |   |   | Chicago           | Illinois        | 60643            |                                   |                          |
|                     |   |   | City              | State           | Zip Code         | City                              | State Zip Code           |
|                     |   | How long employed there?  | 1 month           |                 |                  |                                   |                          |
| Part 2:             | Give Details About N  | Nonthly Income  |                   |                 |                  |                                   |                          |
|                     | Giro Dotailo / ibout i  |   |                   |                 |                  |                                   |                          |
| spouse              | te monthly income as of tunless you are separated.  |   |                   |                 |                  |                                   |                          |
| ,                   | r your non-filing spouse have<br>bace, attach a separate she  |   | , combine the ir  | nformation for  | all employers fo |                                   | s below. If you need     |
|                     |   |   |                   | For I           | Debtor 1         | For Debtor 2 or non-filing spouse |                          |
|                     | st monthly gross wages, sala<br>ductions.) If not paid monthly  |   |                   | 2.              | \$1,170.00       |                                   | _                        |
| 3. <b>Es</b> t      | timate and list monthly ove   | rtime pay.  |                   | 3.              | + \$0.00         |                                   | <u> </u>                 |
| 4. <b>Ca</b>        | Iculate gross income. Add li  | ine 2 + line 3.   |                   | 4.              | \$1,170.00       |                                   |                          |
|                     |   |   |                   |                 |                  | L                                 |                          |

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| Debtor 1 Mario  |  | alls               | Case number           | r <i>(if</i>                          |                                     |
|---|--|--------------------|-----------------------|---------------------------------------|-------------------------------------|
| First Name  | Middle Name La   | st Name            | known) For Debtor 1   | For Debtor 2 or non-filing spouse     |                                     |
| Copy line 4 here  |  | <b>→</b> 4.        | \$1,170.00            |                                       |                                     |
| 5. List all payroll deductions                                      | <b>:</b> :   |                    |                       |                                       |                                     |
| 5a. Tax, Medicare, and So   | ocial Security deductions  | 5a.                | \$241.32              |                                       |                                     |
| 5b. Mandatory contribution  | ons for retirement plans   | 5b.                | \$0.00                |                                       |                                     |
| 5c. Voluntary contribution  | ·  | 5c.                | \$0.00                |                                       |                                     |
| 5d. Required repayments   | •  | 5d.                | \$0.00                | · · · · · · · · · · · · · · · · · · · |                                     |
| 5e. Insurance   | or retirement rand round   | 5e.                | \$0.00                |                                       |                                     |
|   |  |                    |                       |                                       |                                     |
| 5f. Domestic support obli   | gations  | 5f.                | \$0.00                |                                       |                                     |
| 5g. Union dues  |  | 5g.                | \$0.00                |                                       |                                     |
| 5h. Other deductions. Spe   |  | 5h. +              | \$0.00 +              | · .                                   |                                     |
| 6. Add the payroll deduction +5h.                                   | <b>IS.</b> Add lines 5a + 5b + 5c + 5d + 5e +5f -  | + 5g 6.            | \$241.3 <u>2</u>      |                                       |                                     |
| 7. Calculate total monthly ta                                       | ake-home pay. Subtract line 6 from line 4  | 1. 7.              | \$928.68              | <del></del>                           |                                     |
| 8. List all other income regu                                       | llarly received:   |                    |                       |                                       |                                     |
| business, profession, o   |  |                    |                       |                                       |                                     |
|   | each property and business showing and necessary business expenses, and come   | 8a.                | \$0.00                |                                       |                                     |
| 8b. Interest and dividends  |  | 8b.                | \$0.00                |                                       |                                     |
|   | ents that you, a non-filing spouse, or a   | 00.                | <del></del>           |                                       |                                     |
| Include alimony, spous<br>divorce settlement, and                   | al support, child support, maintenance, property settlement.   | 8c.                | \$0.00                |                                       |                                     |
| 8d. Unemployment compe  | ensation   | 8d.                | \$0.00                |                                       |                                     |
| 8e. Social Security   |  | 8e.                | \$0.00                |                                       |                                     |
| Include cash assistance cash assistance that you                    | and the value (if known) of any non-<br>u receive, such as food stamps (benefits<br>I Nutrition Assistance Program) or   | 8f.                | \$190.00              |                                       |                                     |
| 8g. Pension or retirement   |  | 8g.                | \$0.00                |                                       |                                     |
| 8h. Other monthly income  |  | 8h. +              | \$416.00 +            |                                       |                                     |
|   | lines 8a + 8b + 8c + 8d + 8e + 8f +8g +  |                    | \$606.00              |                                       |                                     |
| 10. <b>Calculate monthly incom</b><br>Add the entries in line 10 fo | e. Add line 7 + line 9. or Debtor 1 and Debtor 2 or non-filing spo   | 10.                | \$1,534.68 +          | =                                     | \$1,534.68                          |
| Include contributions from friends or relatives.                    | ontributions to the expenses that you an unmarried partner, members of your hats already included in lines 2-10 or amour | ousehold, your o   | ependents, your roomn |                                       |                                     |
| Specify:  |  |                    |                       | 11                                    | . +\$0.00                           |
|   | ast column of line 10 to the amount in<br>Jummary of Schedules and Statistical Sum                                       |                    |                       |                                       | \$1,534.68  Combined monthly income |
| 13. Do you expect an increas  | se or decrease within the year after yo  | ou file this form? |                       |                                       | monthly modifie                     |
| Yes. Explain:   |  |                    |                       |                                       |                                     |

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| Debtor 1Mario             | D               | Walls     |          | _ Case number (if   |
|---------------------------|-----------------|-----------|----------|---------------------|
| First Name                | Middle Name     | Last Nam  | e        | known)              |
| Part 1: Describe Employme | nt              |           |          |                     |
|                           | Debtor 1        |           |          | Debtor 2            |
| Employment status         | ✓ Employed      |           |          | Employed            |
|                           | Not Employed    |           |          | Not Employed        |
| Occupation                | Laborer         |           |          |                     |
| Employer's name           | Elite Staffing  |           |          |                     |
| Employer's address        | 1400 W. Hubbard | St. # 200 |          |                     |
|                           | Number Street   |           |          | Number Street       |
|                           |                 |           |          |                     |
|                           | Chicago         | Illinois  | 60642    |                     |
|                           | City            | State     | Zip Code | City State Zip Code |
| How long employed there?  | 1 year 9 months | <u> </u>  |          |                     |

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Walls Debtor 1Mario D Case number (if First Name Middle Name Last Name known) **Give Details About Monthly Income** Official Form 106I. Additional page. For Debtor 2 or For Debtor 1 non-filing spouse 8h.Other monthly income. Specify: 1. Elite Staffing \$416.00

Official Form 106l Schedule I: Your Income page 4

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|                                    |                                  | Docu   | iment Page 35 of 7   | 3                                   |  |
|------------------------------------|----------------------------------|--|--|-------------------------------------|--|
| Fill in this infor                 | mation to identify yo            | our case:  |  |                                     |  |
| Debtor 1                           | Mario<br>First Name              | D<br>Middle Name   | Walls<br>Last Name   |                                     |  |
| Debtor 2<br>(Spouse, if filing)    | First Name                       | Middle Name  | Last Name  | Check if this is:  An amended filin | g  |
| United States E                    | Bankruptcy Court for             | the: Northern I  | District of Illinois (State)   |                                     | nowing post-petition chapter 13 he following date: |
| Case number<br>(If known)          |                                  |  |  | MM / DD / YYYY                      |  |
| Official                           | Form 106                         | <u>J</u>   |  |                                     |  |
| Schedul                            | e J: Your E                      | xpenses  |  |                                     | 12/15  |
| information. If                    |                                  | led, attach another sheet to this  | re filing together, both are equal<br>form. On the top of any addition |                                     |  |
| Part 1: Des                        | cribe Your House                 | ehold  |  |                                     |  |
| 1. Is this a joi                   | nt case?                         |  |  |                                     |  |
| ✓ No. Go                           | to line 2                        |  |  |                                     |  |
| Yes. Do                            | oes Debtor 2 live in             | a separate household?  |  |                                     |  |
|                                    | No                               |  |  |                                     |  |
|                                    | Yes. Debtor 2 mu                 | st file Official Forms 106J-2, Exper                                       | nses for Separate Household of Deb                                     | tor 2.                              |  |
| 2. Do you hav                      | e dependents?                    | No   |  |                                     |  |
| Do not list D<br>Debtor 2.         | Debtor 1 and                     | Yes. Fill out this information for each dependent                          | Dependent's relationship to<br>Debtor 1 or Debtor 2                    | Dependent's age                     | Does dependent live with you?                      |
|                                    | penses include<br>f people other | <b>7</b> No  |  |                                     |  |
| than<br>yourself and<br>dependents |                                  | Yes  |  |                                     |  |
| Part 2: Estin                      | mate Your Ongoi                  | ng Monthly Expenses  |  |                                     |  |
| _                                  | of a date after the b            |  | rou are using this form as a supp<br>plemental Schedule J, check the   | •                                   |  |
|                                    | •                                | on-cash government assistance<br>ed it on Sc <i>hedule I: Your Incom</i> e | -  |                                     | Your expenses                                      |
|                                    | or home ownershi                 |  | clude first mortgage payments and                                      |                                     | \$600.00<br>4.                                     |
| If not incl                        | uded in line 4:                  |  |  |                                     |  |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Mario D Walls Case number (if known)
First Name Middle Name Last Name

| FIIST NAME MIQUE NAME LAST NAME   |               |
|---|---------------|
|   | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans 5.  | \$0.00        |
| 6. Utilities:   |               |
| 6a. Electricity, heat, natural gas  | \$0.00        |
| 6b. Water, sewer, garbage collection 6b.  | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | \$50.00       |
| 6d. Other. Specify:6d   | \$0.00        |
| 7. Food and housekeeping supplies 7.  | \$300.00      |
| 8. Childcare and children's education costs   | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | \$80.00       |
| 10. Personal care products and services   | \$60.00       |
| 11. Medical and dental expenses   | \$44.00       |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments  | \$160.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | \$0.00        |
| 14. Charitable contributions and religious donations 14.  | \$0.00        |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul>  |               |
| 15a. Life insurance   | \$0.00        |
| 15b. Health insurance   | \$0.00        |
| 15c. Vehicle insurance  | \$40.00       |
| 15d. Other insurance. Specify: 15d  | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |               |
| Specify: 16   | \$0.00        |
| 17. Installment or lease payments:  |               |
| 17a. Car payments for Vehicle 1   | \$0.00        |
| 17b. Car payments for Vehicle 2   | \$0.00        |
| 17c. Other. Specify: 17c  | \$0.00        |
| 17d. Other. Specify: 17d  | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | \$0.00        |
| 19.Other payments you make to support others who do not live with you.  |               |
| Specify: non-court order child support 19.  | \$50.00       |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  | <u> </u>      |
| 20a. Mortgages on other property  | \$0.00        |
| 20b. Real estate taxes.   | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses. 20d  | \$0.00        |
| 20e. Homeowner's association or condominium dues 20e  | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

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| Fill in this information to identify your case: |            |             |                              |  |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Mario      | D           | Walls                        |  |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |  |
| Case number                                     |            |             | (,                           |  |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par   | t 1: Sign Below  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |  |   |  |  |  |  |  |
|   | ✓ No   |   |  |  |  |  |  |
|   | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and   |  |  |  |  |  |
|   | that they are true and correct.                                  |   |  |  |  |  |  |
| ×   | /s/ Mario Walls  | ×   |  |  |  |  |  |
|   | Signature of Debtor 1  | Signature of Debtor 2   |  |  |  |  |  |
|   | Date 7/20/2017   | Date  |  |  |  |  |  |
|   | MM/DD/YYYY   | MM/DD/YYYY  |  |  |  |  |  |

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| FIII IN THIS    | information to identify your  | Case.   |   |   |          |   |
|-----------------|---|---|---|---|----------|---|
| Debtor 1        | Mario   | D   | Walls   |   |          |   |
| Debtor 2        | First Name  | Middle Name   | Last Name                                       |   |          |   |
| (Spouse, if fil | ling) First Name  | Middle Name   | Last Name                                       |   |          |   |
| United Sta      | ates Bankruptcy Court for the   | : Northern  | District of Illinois                            |   |          |   |
| Case num        | nber  |   | (State)   |   |          |   |
| (If known)      |   |   |   |   |          | Check if this is  |
| Offici          | al Form 107   |   |   |   |          | amended filing  |
| Stater          | ment of Financi   | al Affairs for Ir   | ndividuals F                                    | iling for Bankr   | uptcy    | 04  |
| nformati        | mplete and accurate as po<br>on. If more space is need<br>if known). Answer every o                                 | led, attach a separate s                                      |   |   |          |   |
| Part 1:         | Give Details About You  | r Marital Status and V  | Vhere You Lived B                               | efore   |          |   |
| 1. Wh           | at is your current marital s  | tatus?  |   |   |          |   |
|                 |   |   |   |   |          |   |
| П               | Married   |   |   |   |          |   |
| <b>□</b>        | Married  Not married  |   |   |   |          |   |
| 2. Dur          |   | ou lived anywhere other                                       | than where you live                             | now?  |          |   |
| 2. Dur          | Not married  ring the last 3 years, have y  No  Yes. List all of the places y                                       | ou lived in the last 3 year                                   | rs. Do not include wh                           | ere you live now.   |          |   |
| _               | Not married  ring the last 3 years, have y  | ou lived in the last 3 year                                   | rs. Do not include wh                           |   |          | Dates Debtor 2 lived there                              |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y                                       | ou lived in the last 3 year                                   | rs. Do not include wh                           | ere you live now.   |          |   |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y                                       | ou lived in the last 3 year                                   | rs. Do not include wh<br>es Debtor 1 lived<br>e | ere you live now.  Debtor 2:  |          | there   |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:                            | ou lived in the last 3 year                                   | rs. Do not include wh<br>es Debtor 1 lived<br>e | ere you live now.  Debtor 2:  Same as Debtor 1  |          | there Same as Debtor 1                                  |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:                            | pou lived in the last 3 year  Date ther  From                 | rs. Do not include wh<br>es Debtor 1 lived<br>e | Debtor 2:  Same as Debtor 1  Number Street  |          | there Same as Debtor 1 From                             |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:                            | you lived in the last 3 year  Date ther                       | rs. Do not include wh<br>es Debtor 1 lived<br>e | ere you live now.  Debtor 2:  Same as Debtor 1  Number Street                               | Zip Code | there  Same as Debtor 1  From To                        |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:                            | pou lived in the last 3 year  Date ther  From                 | rs. Do not include wh<br>es Debtor 1 lived<br>e | Debtor 2:  Same as Debtor 1  Number Street  | Zip Code | there Same as Debtor 1 From                             |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:                            | pou lived in the last 3 year  Date ther  From                 | rs. Do not include wh                           | ere you live now.  Debtor 2:  Same as Debtor 1  Number Street                               | Zip Code | there  Same as Debtor 1  From To                        |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:  Number Street  City State | Date ther  Zip Code   | rs. Do not include wh                           | ere you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1      |
| _               | Not married  ring the last 3 years, have y  No  Yes. List all of the places y  Debtor 1:  Number Street  City State | vou lived in the last 3 year  Date ther  From  Zip Code  From | rs. Do not include wh                           | ere you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To Same as Debtor 1  From |

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Case number (if known)

Walls

D

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$680.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$700.00 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$500.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Gross income from Sources of income Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) Link \$1,330.00 From January 1 of current year until the date you filed for bankruptcy: Link \$2,280.00 For last calendar year: (January 1 to December 31, 2016 Link \$2,280.00 For the calendar year before that: (January 1 to December 31, 2015

Debtor 1 Mario

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D Walls Debtor 1 Mario Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or 1              | Mario                                   |                                     | D  | W  | alls  | Case number                                  | (if known)   |
|-------------------|---|-------------------------------------|--|--|---|--|--|
|                   | First Name                              |                                     | Middle Name  | La:                                      | st Name                                       |  |  |
| nsi<br>con<br>age | ders include your<br>porations of which | relatives; an you are a for a busin | iny general partner<br>in officer, director,<br>ness you operate a | s; relatives of any<br>person in control | general partners; par<br>, or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider?  you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>          | No                                      |                                     |  |  |   |  |  |
|                   | Yes. List all pay                       | ments to a                          | an insider.  |  |   |  |  |
|                   |   |                                     |  | Dates of payment                         | Total amount paid                             | Amount you still owe                         | Reason for this payment  |
|                   | Insider's Name                          |                                     |  |  |   |  |  |
|                   | Number Street                           |                                     |  |  |   |  |  |
|                   | City                                    | State                               | Zip Code   |  |   |  |  |
|                   | Insider's Name                          |                                     |  |  |   |  |  |
|                   | Number Street                           |                                     |  |  |   |  |  |
|                   | City                                    | State                               | Zip Code   |  |   |  |  |
|                   | No                                      | _                                   | ranteed or cosigno   | -  | Total amount paid                             | Amount you still owe                         | Reason for this payment  |
|                   | Incidente Neme                          |                                     |  |  |   |  | Include creditor's name  |
|                   | Insider's Name                          |                                     |  |  |   |  |  |
|                   | Number Street                           |                                     |  |  |   |  |  |
| -                 | City                                    | State                               | Zip Code   |  |   |  |  |
|                   | Insider's Name                          |                                     |  |  |   |  |  |
|                   | Number Street                           |                                     |  |  |   |  |  |
|                   | City                                    | State                               | Zip Code   |  |   |  |  |
|                   | CILY                                    | Jiaio                               | ZIP OUUE   |  |   |  | I .  |

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D Walls Debtor 1 Mario Case number (if known) Middle Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Mario<br>First Name              | D<br>Middle Name      | Walls<br>Last Name             | Case number (if known)                   |                              |
|------|--|-----------------------|--------------------------------|--|------------------------------|
| 11.  | accounts or refuse to make             |                       |                                | ank or financial institution, set off ar | ny amounts from your         |
|      | ✓ No  Yes. Fill in the details.        |                       |                                |  |                              |
|      |  |                       | Describe the action the        | e creditor took Date a was ta            |                              |
|      | Creditor's Name                        |                       | -                              |  |                              |
|      | Number Street                          |                       | -                              |  |                              |
|      |  |                       | _ Last 4 digits of account r   | number: XXXX-                            |                              |
|      | City State                             | Zip Code              | -                              |  |                              |
| 12.  |  | l for bankruptcy, was |                                | possession of an assignee for the ber    | nefit of creditors, a court- |
|      | ✓ No ☐ Yes                             |                       |                                |  |                              |
| Part |  | Contributions         |                                |  |                              |
| 13.  |  |                       | d you give any gifts with a to | otal value of more than \$600 per pers   | eon?                         |
| 13.  | No                                     | ed for bankruptcy, di | u you give any girts with a to | otal value of more than 5000 per pers    | son:                         |
|      | Yes. Fill in the details for           | each gift.            |                                |  |                              |
|      | Gifts with a total value of per person | of more than \$600    | Describe the gifts             | Dates<br>gave ti<br>gifts                |                              |
|      |  |                       | _                              |  |                              |
|      | Person to Whom You Gav                 | ve the Gift           | _                              |  |                              |
|      | Number Street                          |                       | _                              |  |                              |
|      | City State                             | Zip Code              | _                              |  |                              |
|      | Person's relationship to yo            | •                     |                                |  |                              |
|      |  |                       |                                |  |                              |
|      | Person to Whom You Gav                 | e the Gift            | _                              |  |                              |
|      | Number Street                          |                       | -                              |  |                              |
|      | City State                             | Zip Code              | -                              |  |                              |
|      | Person's relationship to yo            | ou                    |                                |  |                              |

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| Debt |              | Mario   | D                      | Walls  | Case number (if known)   |   |                        |
|------|--------------|---|------------------------|--|--|---|------------------------|
|      |              | First Name  | Middle Name            | Last Name  |  |   |                        |
| 14.  | Wit          | hin 2 years before you filed fo   | r bankruptcv. did w    | ou give any gifts or contrib                         | utions with a total value of m   | ore than \$600                          | to any charity?        |
|      |              |   | . sammaproy, ara y     | ou give any give or continu                          | ations with a total value of m   | oro than quo                            | to any onanty.         |
|      | $\mathbf{Y}$ | No  |                        |  |  |   |                        |
|      | Ш            | Yes. Fill in the details for each   |                        | 1.   |  |   |                        |
|      |              | Gifts or contributions to cha<br>that total more than \$600   | rities                 | Describe what you conti                              |  | Date you contributed                    | Value                  |
|      |              | that total more than \$000  |                        |  |  | contributed                             |                        |
|      |              | OL TILL N   |                        |  | -  |   |                        |
|      |              | Charity's Name  |                        |  |  |   |                        |
|      |              |   |                        |  |  |   |                        |
|      |              | Number Street   |                        |  |  |   |                        |
|      |              |   |                        |  |  |   |                        |
|      |              | City State  | Zip Code               |  |  |   |                        |
| Dont | G.           | List Certain Losses   |                        |  |  |   |                        |
| ган  | ٥.           | List dei talli Losses   |                        |  |  |   |                        |
| 15.  | WitI         | nin 1 year before you filed for   | hankruntev or sine     | e you filed for hankruntcy                           | did you lose anything becaus   | e of theft fire                         | other disaster or      |
|      |              | ibling?   | bulliki uptoy or silic | e you med for bankruptoy,                            | and you look arrything becaus  | o or their, me,                         | other disaster, or     |
|      | <b> </b>     | No  |                        |  |  |   |                        |
|      | H            | Yes. Fill in the details.   |                        |  |  |   |                        |
|      | Ш            |   |                        | <b>-</b>   |  |   |                        |
|      |              | Describe the property you lo<br>how the loss occurred   | st and                 | Describe any insurance<br>Include the amount that in |  | Date of your loss                       | Value of property lost |
|      |              |   |                        | pending insurance claims                             |  |   |                        |
|      |              |   |                        | A/B: Property.                                       |  |   |                        |
|      |              |   |                        |  |  |   |                        |
| Dart | 7.           | List Certain Payments or  | Transfore              |  |  |   |                        |
|      | abo          | nin 1 year before you filed for ut seeking bankruptcy or prepude any attorneys, bankruptcy polyon. No Yes. Fill in the details. | paring a bankrupto     | y petition?  |  |   |                        |
|      | ✓            | res. I III II I II e details.   |                        |  | _  |   |                        |
|      |              |   |                        | Description and value of<br>transferred              |  | Date payment<br>or transfer<br>vas made | Amount of payment      |
|      |              | Semrad Law Firm   |                        | Attorney's Fee - 350.00                              |  | //10/2017                               | \$350.00               |
|      |              | Person Who Was Paid   | <del></del> -          | Attorney 31 ee - 000.00                              | <u>-</u>   | 71072011                                | 4000.00                |
|      |              | 20 S. Clark Street  |                        |  |  |   |                        |
|      |              | Number Street   |                        |  |  |   |                        |
|      |              | 28th Floor  |                        |  |  |   |                        |
|      |              | Chicago Illinois  | 60603                  |  |  |   |                        |
|      |              | City State  | Zip Code               |  |  |   |                        |
|      |              | Email or website address  |                        |  |  |   |                        |
|      |              |   |                        |  |  |   |                        |
|      |              | Person Who Made the Paymen  | t, if Not You          |  |  |   |                        |
|      |              |   |                        |  |  |   |                        |
|      |              | Person Who Was Paid   |                        |  |  |   |                        |
|      |              | Number Street   |                        |  |  |   |                        |
|      |              |   |                        |  |  |   |                        |
|      |              |   |                        |  |  |   |                        |
|      |              | City State  | Zip Code               |  |  |   |                        |
|      |              |   | <u> </u>               |  |  |   |                        |
|      |              |   |                        |  | The state of the s |   |                        |
|      |              | Email or website address  |                        |  |  |   |                        |

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| Debtor 1 | Mario   | D                       | Walls                                     | Case number (if know)    | n)   |                                 |
|----------|---|-------------------------|---|--------------------------|--|---------------------------------|
|          | First Name  | Middle Name             | Last Name                                 |                          |  |                                 |
| he       | thin 1 year before you filed<br>Ip you deal with your cred<br>not include any payment or                                    | itors or to make paym   |   | behalf pay or transfe    | r any property to an                       | yone who promised to            |
| <u>~</u> | No Yes. Fill in the details.  |                         |   |                          |  |                                 |
| _        | •   |                         | Description and value of any transferred  | property                 | Date payment or transfer was made          | Amount of payment               |
|          | Person Who Was Paid   |                         |   |                          |  |                                 |
|          | Number Street   |                         |   |                          |  |                                 |
|          | Cit. Chata  | 7in Onda                |   |                          |  |                                 |
|          | City State  | Zip Code                |   |                          |  |                                 |
| Ind      | e ordinary course of your beliede both outright transfers d transfers that you have alrest No  No Yes. Fill in the details. | and transfers made as s | ecurity (such as the granting of a se     | curity interest or mortg | age on your property)                      | ). Do not include gifts         |
|          |   |                         | Description and value of prop transferred |                          | ny property or<br>eceived or debts pa<br>e | Date<br>id transfer was<br>made |
|          | Person Who Received Tra   | nsfer                   |   |                          |  |                                 |
|          | Number Street   |                         |   |                          |  |                                 |
|          | City State<br>Person's relationship to yo   | Zip Code<br>ou          |   |                          |  |                                 |
|          | Person Who Received Tra   | nsfer                   |   |                          |  |                                 |
|          | Number Street   |                         |   |                          |  |                                 |
|          | City State<br>Person's relationship to yo   | Zip Code<br>ou          |   |                          |  |                                 |
| be       | thin 10 years before you fi<br>neficiary?<br>nese are often called asset-pr   |                         | d you transfer any property to a se       | elf-settled trust or sin | nilar device of whic                       | h you are a                     |
| <u>~</u> | No Yes. Fill in the details.  |                         |   |                          |  |                                 |
| L        | T res. i iii iii iie detalis.   |                         | Description and value of the              | property transferred     | I  | Date<br>transfer was<br>made    |
|          | Name of trust   |                         |   |                          |  |                                 |

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D Walls Debtor 1 Mario Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred Guarantee Bank Checking XXXX-0000 4/2017 \$ 25.00 Person Who Was Paid Savings 12150 S Pulaski Rd, Number Street Money market Brokerage Illinois 60803 Alsip Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

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Walls Debtor 1 Mario \_ Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

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| Debt |      | Mario                      |                                   | D                  | Walls   | Case r              | number <i>(if i</i> | known)                                   |           |                    |
|------|------|----------------------------|-----------------------------------|--------------------|---|---------------------|---------------------|--|-----------|--------------------|
|      |      | First Name                 |                                   | Middle Name        | Last Name   |                     |                     |  |           |                    |
| 26.  | Hav  | e you been a part          | y in any judio                    | cial or administ   | trative proceeding unde   | r any environmenta  | ıl law? Ind         | clude settlements                        | and order | rs.                |
|      | Ħ    | Yes. Fill in the det       | tails.                            |                    |   |                     |                     |  |           |                    |
|      | _    |                            |                                   |                    | Court or agency   |                     | Nature o            | f the case                               |           | Status of the case |
|      |      | Case title                 |                                   |                    |   |                     |                     |  |           | Pending            |
|      |      |                            |                                   |                    | Court Name  |                     |                     |  |           | On appeal          |
|      |      | Case number                |                                   |                    | NumberStreet  |                     |                     |  |           | Concluded          |
|      |      | 1                          |                                   |                    | City State  | Zip Code            |                     |  |           | _                  |
| Part | 11:  | Give Details Al            | oout Your E                       | Business or C      | onnections to Any Bu  | usiness             |                     |  |           |                    |
| 27.  | Witl | nin 4 years before         | you filed for                     | bankruptcy, di     | d you own a business or   | have any of the fol | llowing co          | onnections to any                        | business? |                    |
|      |      | A member of A partner in a | f a limited liab<br>a partnership | oility company (   | rade, profession, or othe<br>(LLC) or limited liability p<br>ive of a corporation | -                   | -time or p          | art-time                                 |           |                    |
|      |      | An owner of                | at least 5% o                     | of the voting or   | equity securities of a cor  | poration            |                     |  |           |                    |
|      | _    |                            |                                   |                    | _   |                     |                     |  |           |                    |
|      | ⊻    | No. None of the a          |                                   |                    |   |                     |                     |  |           |                    |
|      |      | Yes. Check all tha         | at apply abo                      | ve and fill in the | e details below for each  | business.           |                     |  |           |                    |
|      |      |                            |                                   |                    | Describe the nat  | ure of the business | •                   | Employer Identification include Social S |           |                    |
|      |      | Business Name              |                                   |                    | _   |                     |                     | EIN:                                     |           |                    |
|      |      | Number Street              |                                   |                    | Name of account   | tant or bookkeeper  |                     | Dates business                           | existed   |                    |
|      |      | City                       | State                             | Zip Code           |   | tunt of bookkeeper  |                     | From                                     | То        |                    |
|      |      |                            |                                   |                    |   |                     |                     |  |           |                    |
|      |      |                            |                                   |                    | Describe the nat  | ure of the business |                     | Employer Identification                  |           |                    |
|      |      | Business Name              |                                   |                    |   |                     |                     | EIN:                                     |           |                    |
|      |      | Number Street              |                                   |                    | Name of account   | tant or bookkeeper  |                     | Dates business                           | existed   |                    |
|      |      | City                       | State                             | Zip Code           | —   | tant or bookkeeper  |                     | F  | т.        |                    |
|      |      | Oity                       | State                             | Zip Oode           |   |                     |                     | From                                     | 10        |                    |
|      |      |                            |                                   |                    | Describe the nat  | ure of the business | •                   | Employer Identification                  |           |                    |
|      |      | Business Name              |                                   |                    |   |                     |                     | EIN:                                     |           |                    |
|      |      | Number Street              |                                   |                    | Name of account   | tant or bookkeeper  |                     | Dates business                           | existed   |                    |
|      |      | City                       | State                             | Zip Code           |   |                     |                     | From                                     | То        |                    |
|      |      |                            |                                   |                    |   |                     |                     |  |           |                    |

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| Debtor   | 1 Mario   | D  | Walls                         | Case number (if known)  |
|----------|---|--|-------------------------------|---|
|          | First Name  | Middle Name  | Last Name                     |   |
|          | reditors, or other parties.                                   |  | ou give a financial statemer  | t to anyone about your business? Include all financial institutions,  |
| L        | Yes. Fill in the details be                                   | SIOVV.   |                               |   |
|          |   |  | Date issued                   |   |
|          | Name  |  | MM/DD/YYYY                    |   |
|          |   |  |                               |   |
|          | Number Street   |  | _                             |   |
|          |   |  | _                             |   |
|          | City Sta  | te Zip Code  |                               |   |
| Part 12  | Sign Below  |  |                               |   |
| tru      | e and correct. I understan                                    | d that making a false sta<br>t in fines up to \$250,000, | atement, concealing proper    | nts, and I declare under penalty of perjury that the answers are cy, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | Signature of  |  |                               | Signature of Debtor 2   |
|          | Date 7/20/2   | 017  |                               | Date  |
| <b>✓</b> | you attach additional page No Yes I you pay or agree to pay s | ges to Your Statement of                                 | Financial Affairs for Individ |   |
|          | Yes. Name of person   |  |                               | Attach the Bankruptcy Petition Preparer's Notice,   |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

|       |   | Northern D              | istrict of illinois         |                    |                                 |  |  |  |
|-------|---|-------------------------|-----------------------------|--------------------|---------------------------------|--|--|--|
| In re | Mario D Walls   |                         |                             | Case No.           |                                 |  |  |  |
|       | Debtor  |                         |                             |                    | (If known)                      |  |  |  |
|       |   |                         |                             | Chapter            | Chapter 13                      |  |  |  |
|       | DISCLOSURE OF C   | OMPENSAT                | TION OF ATT                 | ORNEY F            | OR DEBTOR                       |  |  |  |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fer compensation paid to me within one yearendered or to be rendered on behalf or  | ear before the filing o | f the petition in bankrup   | otcy, or agreed to | be paid to me, for services     |  |  |  |
|       | For legal services, I have agreed to acce   | ept                     |                             |                    | \$4,000.00                      |  |  |  |
|       | Prior to the filing of this statement I ha  | ve received             |                             |                    | \$350.00                        |  |  |  |
|       | Balance Due   |                         |                             |                    | \$3,650.00                      |  |  |  |
| 2.    | The source of the compensation paid t   | o me was:               |                             |                    |                                 |  |  |  |
|       | <b>Debtor</b>   | Other (spe              | ecify)                      |                    |                                 |  |  |  |
| 3.    | The source of the compensation paid t   | o me is:                |                             |                    |                                 |  |  |  |
|       | <b>✓</b> Debtor   | Other (spe              | ecify)                      |                    |                                 |  |  |  |
| 4.    | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                         |                             |                    |                                 |  |  |  |
|       | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |                         |                             |                    |                                 |  |  |  |
| 5.    | In return for the above-disclosed fee, I  | have agreed to rende    | r legal service for all asp | ects of the bank   | ruptcy case, including:         |  |  |  |
|       | <ul> <li>a. Analysis of the debtor's financi<br/>bankruptcy;</li> </ul>   | al situation, and rend  | ering advice to the deb     | tor in determinin  | g whether to file a petition in |  |  |  |
|       | b. Preparation and filing of any pe   | tition, schedules, sta  | tements of affairs and p    | olan which may b   | pe required;                    |  |  |  |
|       | c. Representation of the debtor at  | the meeting of credit   | tors and confirmation h     | earing, and any a  | adjourned hearings thereof;     |  |  |  |
|       | d. Representation of the debtor in  | adversary proceeding    | gs and other contested      | bankruptcy matt    | ters;                           |  |  |  |
| 6.    | By agreement with the debtor(s), the ab   | ove-disclosed fee do    | es not include the follo    | wing services:     |                                 |  |  |  |
|       |   |                         |                             |                    |                                 |  |  |  |
|       |   |                         |                             |                    |                                 |  |  |  |
|       |   | CERT                    | TIFICATION                  |                    |                                 |  |  |  |
|       | certify that the foregoing is a complete or(s) in this bankruptcy proceedings.  | statement of any agre   | eement or arrangement       | for payment to n   | ne for representation of the    |  |  |  |
|       | 7/20/2017   |                         | /s/ Elizab                  | eth Placek         |                                 |  |  |  |
|       | Date  |                         |                             | of Attorney        |                                 |  |  |  |
|       |   |                         | Semrad                      | Law Firm           |                                 |  |  |  |
|       | _   |                         |                             | f law firm         |                                 |  |  |  |
|       |   |                         |                             |                    |                                 |  |  |  |

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

|        |  | Normem Dis  | STRICT OT IIIINOIS   |  |
|--------|--|---|--|--|
| in re_ | Mario D Walls  | T-7   | Case No.   |  |
|        | Debtor   |   |  | (If known)                             |
|        |  |   | Chapter  | Chapter 13                             |
|        | DISCLOSURE OF C  | OMPENSATI   | ON OF ATTORNEY F   | OR DEBTOR                              |
| 1.     | Pursuant to 11 U.S.C. § 329(a) and Fed compensation paid to me within one ye rendered on behalf of             | ar before the filing of t   | he petition in bankruptcy, or agreed to                                    | o be paid to me, for services          |
|        | For legal services, I have agreed to accept  | pt  |  | \$4,000.00                             |
|        | Prior to the filing of this statement I hav  | e received  |  | \$350.00                               |
|        | Balance Due  |   |  | \$3,650.00                             |
| 2.     | . The source of the compensation paid to   | me was:   |  |  |
|        | <b>Debtor</b>  | [] Other (spec  | ify)   |  |
| 3.     | The source of the compensation paid to   | me is:  |  |  |
|        | Debtor   | Other (spec   | ify)   |  |
| 4.     | I have not agreed to share the above members and associates of my law  | e-disclosed compensa<br>firm.   | ation with any other person unless the                                     | ey are                                 |
|        | I have agreed to share the above-dismembers or associates of my law fit the people sharing in the compensation | m. A copy of the agree  | with a other person or persons who ement, together with a list of the name | are not<br>es of                       |
| 5.     | In return for the above-disclosed fee, I h   | ave agreed to render le   | egal service for all aspects of the bank                                   | ruptcy case, including:                |
|        |  |   | ing advice to the debtor in determinin                                     |  |
|        | b. Preparation and filing of any pet   | ition, schedules, state   | ments of affairs and plan which may b                                      | pe required;                           |
|        | c. Representation of the debtor at t   | the meeting of creditor   | rs and confirmation hearing, and any a                                     | adjourned hearings thereof;            |
|        | d. Representation of the debtor in a   | adversary proceedings   | and other contested bankruptcy mat   | ters;                                  |
| 6.     | By agreement with the debtor(s), the abo   | ove-disclosed fee does  | not include the following services:  |  |
|        |  |   |  |  |
|        |  | CERTIF  | FICATION   |  |
| debt   | certify that the foregoing is a complete sor(s) in this bankruptcy proceedings.                                | tatement of any agreer  | ment or arrangement for payment to n                                       | ne for representation of the           |
|        | 7/10/2017  |   | /s/ Elizabeth Płacek   |  |
|        | Date   | March and the second | Signature of Attorney  |  |
|        |  |   | Semrad Law Firm  |  |
|        |  |   | Name of law firm   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
|        |  |   |  |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

M.W

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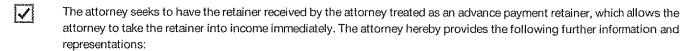
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

MW

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$77.00 for expenses, leaving a balance due of \$4,037.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Debtor(s | 5)                  | Attorney for Debtor(s) |  |
|----------|---------------------|------------------------|--|
|          |                     | /s/ Elizabeth Placek   |  |
| /s/ Mari | o Walls Mario Walls |                        |  |
| Signed:  |                     |                        |  |
| Date:    | 7/10/2017           |                        |  |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$77.00 for expenses, leaving a balance due of \$4,037.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 7/20/2017 |                        |
|-----------|-----------|------------------------|
| Signed:   |           |                        |
| /s/ Mario | o Walls   |                        |
|           |           | /s/ Elizabeth Placek   |
| Debtor(s  | 3)        | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury - either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Walls, Mario D | Case No.  |                                     |
|-----------------|----------------|---|-------------------------------------|
|                 | Debtor(s)      | 0000 110.                                       |                                     |
|                 |                | Chapter.  | Chapter13                           |
|                 | VERIF          | ICATION OF CREDITOR MAT                         | RIX                                 |
| TI<br>knowledge |                | rify that the attached list of creditors is tru | ue and correct to the best of their |
| Date:           | 7/20/2017      | /s/ Walls, Mario D<br>Walls, Mario D            |                                     |
|                 |                | Signature of Debi                               | tor                                 |

State Farm Insurance 1 State Farm Plaza Bloomington, IL, 61710

Yudkin Rich PLLC 860 NORTH POINT BLVD Waukegan, IL, 60085

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Creditors Discount & Audit Co. 415 E Main St po box 213 Streator, IL, 61364

OPTIMUM OUTCOMES INC Po Box 660943 Dallas, TX, 75266

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

Sprint P O Box 629023 El Dorado Hills, CA, 95762

CDA/PONTIAC 415 E MAIN STREATOR, IL, 61364

Cook County Hospital 25706 Network Place Chicago, IL, 60673

IL Tollway PO Box 5544 Chicago, IL, 60608

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| Debtor 1 Mario First Name   | D<br>Middle Name  | Walls<br>Last Name  | Case number (if known)  |   |  |
|---|---|---|---|---|--|
| Part 6: Answer These Que  | estions for Reporting Purp  |   |   |   |  |
| 16. What kind of debts do you have?   | "incurred by an indivi<br>No. Go to line 16<br>Yes. Go to line 17<br>16b. Are your debts prima  | dual primarily for a per<br>b.<br>c.<br>arily business debts?<br>or investment or throu<br>c. | sonal, family, or househ<br>Business debts are debts<br>ugh the operation of the      | s that you incurred to obtain<br>business or investment.  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid t   | apter 7. Do you estimate  |   | erty is excluded and administrative<br>d creditors?   |  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | 1-49<br>50-99<br>100-199<br>200-999   | 1,000-5<br>5,001-1<br>10,001-   | 0,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | 了 \$10,000<br>二 \$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |
| 20. How much do you<br>estimate your<br>liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | 了 \$10,000<br>了 \$50,000  | 001-\$10 million<br>1,001-\$50 million<br>1,001-\$100 million<br>10,001-\$500 million | S500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |  |
| Pariva Sign Below   | I have exemined this potition   | a and I dedone un der   |   |   |  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in |   |   |   |  |
|   | connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |   |   |   |  |
|   | /s/ Mario Walls Signature of Debtor 1   | rick alla   | Signature of De   | ebtor 2   |  |
| gifet de 1801 (1888). De seus de 1801 (1802 (1803 (1804 (1804 (1804 (1804 (1804 (1804 (1804 (1804 (1804 (1804 (   | Executed on 7/10/20   | 017<br>7DD/YYYY   | Executed on   | MM / DD / YYYY  |  |

MN

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| Fill in this infor                                | mation to identify your cas                          | e;                      |  |   |   |
|---|--|-------------------------|--|---|---|
| Debtor 1  | Mario<br>First Name                                  | D<br>Middle Name        | Walls<br>Last Name   | •   |   |
| Debtor 2<br>(Spouse, it filing)                   | First Name   | Middle Name             | Last Name  |   |   |
| United States B                                   | ankruptcy Court for the: 1                           | lorthern                | District of Illinois (State)                                   | - ·   |   |
| Case number<br>(If known)                         | <del></del>  |                         | (Oldie)  | _   |   |
| Official  | Form 106Dec  |                         |  | **************************************  | Check if this is an amended filing      |
| Declarati   | ion About an Ir                                      | dividual Deb            | tor's Schedules  |   | 12/15                                   |
| money or prope                                    | erty by fraud in connection<br>1341, 1519, and 3571. | pankruptcy schedules    | or amended schedules. Maki<br>se can result in fines up to \$2 | ng a false statement, concealing prop<br>50,000, or imprisonment for up to 20 y | erty, or obtaining<br>ears, or both. 18 |
| Did you pa  | y or agree to pay someor                             | ie who is NOT an attorr | ney to help you fill out bankru                                | ptcy forms?   |   |
| No No   | lame of person                                       | POPE-TRANSPORT          | Altach Bankruptcy Peti<br>Signature (Official Fom              | ition Preparer's Notice, Declaration, and<br>n 119).                            |   |
| Under pen<br>that they :<br>/s/ Mario Signature o | Walls  | hat I have read the sun | nmary and schedules filed wit                                  |   | · · · · · · · · · · · · · · · · · · ·   |

Date

MM/DD/YYYY



Date 7/10/2017

MM/DD/YYYY

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| Debtor 1 Mario   | D   | Walls                       | Case number (Il known)  |
|--|---|-----------------------------|---|
| First Name   | Middle Name   | Last Name                   |   |
| 28. Within 2 years before yo<br>creditors, or other parti- | ou filed for bankruptcy, did y<br>es.                       | you give a financial state  | ment to anyone about your business? Include all financial institutions,   |
| No Yes. Fill in the detail                                 | s below.  |                             |   |
|  |   | Date issued                 |   |
| Name   |   | MM/DD/YYYY                  | <del></del>   |
| Number Street  |   | attaintus                   |   |
| City   | State Zip Code  |                             |   |
| Oity   | otate 2th 0004  |                             |   |
| Sign Below   |   |                             |   |
| true and correct. I unders a bankruptcy case can re        | stand that making a false standing in fines up to \$250,000 | atement, concealing pro     | ements, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| Signature  | of Debtor 1   |                             | Signature of Debtor 2   |
| Date 7/1   | 0/2017  |                             | Date  |
| Did you attach additional                                  | pages to Your Statement o                                   | f Financial Affairs for Ind | viduals Filing for Bankruptcy (Official Form 107)?  |
| V No   |   |                             |   |
| Pinning Yes  |   |                             |   |
| Did you pay or agree to pa                                 | ay someone who is not an a                                  | ttorney to help you fill ou | t bankruptcy forms?   |
| ☑ No   |   |                             |   |
| Yes. Name of person  |   |                             | Attach the Bankruptcy Petition Preparer's Notice,   |

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| Debto  | 1 Mario                                    | , D   | Walls   | Case number (it known)  |                  |
|--------|--|---|---|---|------------------|
|        | First Name                                 | Middle Name   | Last Name   |   |                  |
| 16.    | Calculate the median f                     | amily income that applies to y  | ou. Follow these steps:                             |   |                  |
|        | 16a. Fill in the state in wi               | hich you live.  | Illinois  |   |                  |
|        | 16b. Fill in the number o                  | f people in your household.   | 1   |   |                  |
|        | household                                  | mily income for your state and si<br>fied in the separate instructions for                                  | To find   | a list of applicable median income amounts, go online<br>by also be available at the bankruptcy clerk's office. | \$50,765.00      |
| 17.    | How do the lines comp                      | are?  |   |   |                  |
|        | 17a. Line 15b is less<br>under 11 U.S.C    | s than or equal to line 16c. On th<br>C. <i>§ 1325(b)(3).</i> <b>Go to Part 3.</b> D                        | e top of page 1 of this on NOT fill out Calculation | form, check box 1, <i>Disposable income is not determined n of Disposable Income</i> (Official Form 122C-2).    |                  |
|        | <sup>barrat</sup> U.S.C. § 1325(           | re than line 16c. On the top of p<br>(b)(3). Go to Part 3 and fill out<br>ir current monthly income from li | Calculation of Disposa                              | k box 2, Disposable income is determined under 11 able Income (Official Form 122C-2). On line 39 of that        |                  |
| Paja S | Calculate Your C                           | ommitment Period Under  | 11 U.S.C. §1325(b)                                  | (4)   | -                |
| 18.    | Copy your total average                    | e monthly income from line 11   | •   |   | \$303.43         |
|        |  |   |   | not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13.    |                  |
|        | 9a. If the marital adjustr                 | ment does not apply, fill in 0 on i   | ne 19a.   | en e  | -\$0.00          |
|        | 9b. Subtract line 19a                      | from line 18.   |   |   | \$303.43         |
| 20.    | Calculate your current                     | monthly income for the year.  | Follow these steps:                                 |   |                  |
| :      | 20a. Copy line 19b.<br>Multiply by 12 (the | number of months in a year).  |   |   | \$303.43<br>x 12 |
| :      | 20b. The result is your cu                 | urrent monthly income for the yea   | ar for this part of the for                         | m.  | \$3,641.16       |
| :      | 20c. Copy the median fa                    | mily income for your state and si   | ze of household from li                             | ne 16c.   | \$50,765.00      |
| 21.    | low do the lines comp                      | are?  |   |   |                  |
| 9      |  | line 20c. Unless otherwise order<br>is 3 years. Go to Part 4.   | red by the court, on the                            | top of page 1 of this form, check box 3, The  | :                |
| Marine | Line 20b is more that<br>4. The commitment | n or equal to line 20c. Unless oth<br><i>period is 5 years</i> . Go to Part 4.                              | nerwise ordered by the o                            | court, on the top of page 1 of this form, check box   | :                |
| Pari 4 | Sign Below                                 |   |   |   |                  |
|        | Py closing have 1 do                       | olors upday constituted posture the   | t the sinformation on this                          |   |                  |
|        | by signing here, i de                      | ciale under penalty of perjuty that   | i the information on the                            | s statement and in any attachments is true and correct.   |                  |
|        | 🗴 /s/ Mario Wal                            | ls  | <b>x</b> '  | Mario Walls   |                  |
|        | Signature of Deb                           | itor 1  | 5   | Signature of Debtor 2   |                  |
|        | Date 7/10/2013<br>MM/DD/Y                  |   | τ   | Date MM/DD/YYYY   |                  |
|        |  | do NOT fill out or file Form 122C<br>fill out Form 122C-2 and file it w                                     |   | of that form, copy your current monthly income from line  | e 14             |

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## UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re: | Walls, Mario D   | - Case No  |  |  |  |
|--------|--|--|--|--|--|
|        | Debtor(s)  | Case No.   |  |  |  |
|        |  | Chapter. Chapter13   |  |  |  |
|        | VERIFICATI   | ON OF CREDITOR MATRIX  |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge |  |  |  |  |
| Date:  | 7/10/2017  | /s/ Walls, Mario D M arub Walls, Mario D Signature of Debtor |  |  |  |